

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

DE	ET	OE	ES
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Inspection Date:
10/22/2015Document Number:
666801557Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	299504	335442	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10531Name of Operator: VANGUARD OPERATING LLCAddress: 5847 SAN FELIPE #3000City: HOUSTON State: TX Zip: 77057

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Axelson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S

Compliance Summary:QtrQtr: SENE Sec: 23 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/25/2014	670201270	PR	PR	SATISFACTORY			No
09/16/2009	200223730	PR	WO	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
282722	WELL	PR	10/14/2009	GW	045-11801	BBC 42C-23-692	PR	<input checked="" type="checkbox"/>
282723	WELL	PR	10/13/2009	GW	045-11800	BBC 42A-23-692	PR	<input checked="" type="checkbox"/>
282724	WELL	PR	09/24/2009	GW	045-11799	BBC 12B-24-692	PR	<input checked="" type="checkbox"/>
282726	WELL	PR	09/22/2009	GW	045-11798	BBC 13D-24-692	PR	<input checked="" type="checkbox"/>
282728	WELL	PR	09/22/2009	GW	045-11797	BBC 12D-24-692	PR	<input checked="" type="checkbox"/>
299502	WELL	PR	09/24/2009	GW	045-17688	BBC 12C-24-692	PR	<input checked="" type="checkbox"/>
299503	WELL	PR	04/17/2012	GW	045-17689	BBC 42B-23-692	PR	<input checked="" type="checkbox"/>
299504	WELL	PR	09/30/2009	GW	045-17690	BBC 12A-24-692	PR	<input checked="" type="checkbox"/>
299505	WELL	PR	10/02/2009	GW	045-17691	BBC 42D-23-692	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

417355	PIT	CL	01/31/2012		-	BBC PAD LOWER PIT	CL	
417356	PIT	CL	11/24/2014		-	BBC PAD UPPER PIT	CL	
417358	LOCATION	AC	01/06/2015		-	BBC UPPER PAD	AC	

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRES ID 045-1885-001		

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<u>Equipment:</u>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	9	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY			
Horizontal Heated Separator	9	SATISFACTORY			

<u>Venting:</u>		
Yes/No	Comment	
YES	Bradenhead valves open	

<u>Flaring:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 299504

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:Summary of Operator Response to Landowner Issues:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 282722 Type: WELL API Number: 045-11801 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282723 Type: WELL API Number: 045-11800 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282724 Type: WELL API Number: 045-11799 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282726 Type: WELL API Number: 045-11798 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282728 Type: WELL API Number: 045-11797 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299502 Type: WELL API Number: 045-17688 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299503 Type: WELL API Number: 045-17689 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299504 Type: WELL API Number: 045-17690 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299505 Type: WELL API Number: 045-17691 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Inspector Name: Murray, Richard

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Inspector Name: Murray, Richard

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Check Dams	Pass			
		Gravel	Pass			
Berms	Pass					
		Ditches	Pass			
Seeding	Pass					
		Culverts	Pass			

S/A/V: SATISFACTOR Y Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT